



# PERMANENT SIGN APPLICATION

Santa Rosa County Community Planning, Zoning & Development Division  
6051 Old Bagdad Highway  
Milton, FL 32583  
Submit application to Patsy Ladner

Phone: (850) 981-7075 or (850) 939-1259 Fax: (850) 983-9874  
E-Mail: [www.co.santa-rosa.fl.us](http://www.co.santa-rosa.fl.us)

## Sign Application Instructions:

**NOTICE:** This is for Zoning Approval Only. Building Codes can possibly apply for the construction or erection of signs. For information regarding these codes and the possible requirements of a construction permit, contact the Building Department at: 850-981-7000, 850-432-2244, or 850-934-8099

The following items are required by the Community Planning, Zoning and Development Division at time of application submission:

- \_\_\_\_\_ Are there any **existing signs**, structures or portion of an existing sign on property at this time, if so please describe the conditions \_\_\_\_\_
- \_\_\_\_\_ A **drawing** of sign showing **all** dimensions
- \_\_\_\_\_ **Site Plan** showing location and setbacks from property lines
- \_\_\_\_\_ Legal description (**tax parcel I.D. number**) of property on which the sign is proposed
- \_\_\_\_\_ **Notarized Owner/Trustee authorization letter** for sign placement (**FOR OFF-PREMISE SIGNS ONLY**)
- \_\_\_\_\_ Permanent Signs (excluding wall signs) must **permanently display** Zoning application number in 3" (three inch) lettering visible from road frontage.
- \_\_\_\_\_ State approval\*\*if applicable
- \_\_\_\_\_ **Subdivision signs** should have Sealed Engineer construction plans (drawings 1"=30')
- \_\_\_\_\_ **Fee** of \$5.00 per 100 sq ft or the fraction there of for all permanent signs

On-premise sign applications will be reviewed and approved or denied within three (3) working days of submittal of a **COMPLETE** application  
Off-premise sign applications will be reviewed and approved or denied within five (5) working days of submittal of a **COMPLETE** application

<b>**FOR OFFICIAL USE ONLY**</b>	
Application No. _____ -S- _____	Date received _____
Fee _____	Receipt _____
Approval Date: _____	Zoning District _____
-	

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ZONED \_\_\_\_\_

**APPLICANT:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SIGN OWNER (If different from applicant):**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

**LAND OWNER:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant/Representative Signature:** \_\_\_\_\_

TYPE OF SIGN (See Article 8 - Land Development Code):

CIRCLE ONE THAT APPLIES:    On Premise    Off Premise    Off-Premise-Directional    Wall  
For Subdivision            Shopping Center            Strip Center            Malls            Single Parcel  
State the number of Business spaces provided: \_\_\_\_\_

NOTE: setbacks are measured from the leading edge of a sign or supporting upright whichever protrudes farthest out towards the property line.

For **On/Off Premise signs**, number of sign fronts \_\_\_\_\_ and name of the roads each are facing on site plan. Height of Sign \_\_\_\_\_ Total Advertising Area of sign: \_\_\_\_\_ Front Setback: \_\_\_\_\_ Side Setback: \_\_\_\_\_

**Wall Sign** Dimensions \_\_\_\_\_ Height of Building \_\_\_\_\_ Length of Building \_\_\_\_\_ at street front. Side Street: Height of Building \_\_\_\_\_ Length of Building \_\_\_\_\_

For Office Use Only
Wall Sign Size Allowed (10%) _____ Used _____ Remaining _____

**ATTENTION!** The pre-site check on all Off-Premise signs must have the laminated pink sheet posted at the proposed location.

The Green laminated approval form from the Planning & Zoning Department must be posted & visible from the street front on the job site BEFORE any development may begin. If not posted - a citation may be issued. THIS APPROVAL IS VOID AFTER 1 (ONE) YEAR IF CONSTRUCTION HAS NOT COMMENCED.

For On/Off Premise Signs, after construction is completed, the sign application number must be permanently affixed in three (3) inch lettering visible from the road frontage.

## ATTENTION

After the sign has been erected or construction completed a request must be made to the Planning and Zoning Department for a **final inspection**. This is in addition to your final inspection by the Building Department. If you have any questions or if we can be of any assistance please contact us between 7:30 a.m. and 4:30 p.m. Monday through Friday.

(TO BE COMPLETED FOR OFF-PREMISE SIGNS ONLY)

## Owner/Trustee Authorization Letter

I declare and affirm that I am the Owner or Trustee of the real **property** (land) mentioned here:

\_\_\_\_\_  
(Tax Parcel ID Number)

located at:

\_\_\_\_\_  
(street address if existing)

and have full authority to authorize:

\_\_\_\_\_  
(Name of person or company)

to submit a **Permanent Sign** Application for the aforementioned real property. I understand that sign construction is subject to Building Code and contractor competency requirements as administered by the Santa Rosa County Building Inspections Department.

\_\_\_\_\_  
( Print Name of Owner or Trustee)

Notary \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Your Street Address)

Expiration Date of Seal \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip )

ID Produced \_\_\_\_\_

\_\_\_\_\_  
(Owner or Trustees Phone Number)

Personally Known \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Trustee)

Notary Signature \_\_\_\_\_

\_\_\_\_\_  
(Date)

Date: \_\_\_\_\_

Seal:

Comments: